

Investing in Dental Technology Application: Grants to Improve Rural Dental Efficiency and Access

Funding Opportunity Summary

Summary

The Wisconsin Department of Health Services (DHS) is seeking applications for competitive grants to support dental clinics in adopting technologies that improve efficiency and increase access to care in rural and semi-rural communities. Dental practices, particularly in more rural areas of the state, face challenges that result in reduced access to care. These challenges include high rates of uninsured patients, low and unpredictable patient volumes, dental workforce shortages, and limited capital resources to adopt innovative technologies. This funding opportunity seeks to address these challenges through increased access to dental technological innovations, which improve dental services in rural Wisconsin by increasing the speed of appointments while maintaining quality of care. This funding will allow dental practices to purchase technologies to deliver high-quality and efficient services. Applicants may apply to multiple Rural Health Transformation Program (RHTP) funding opportunities for which their organizations are eligible.

Key dates

- Application release: June 15, 2026
- Application submission due: July 27, 2026
- Application questions due: June 26, 2026. Responses will be posted within one week. Please send questions to: dhsruralhealth@dhs.wisconsin.gov, and place Dental Application Questions in the Subject line.
- Estimated date for award notification: September 2026

Background

The Wisconsin Rural Health Transformation Program is focused on improving healthcare access and health outcomes in rural communities across Wisconsin. This funding opportunity is part of the Rural Health Transformation Program (RHTP), a federal funding opportunity provided to states through the Centers for Medicare and Medicaid Services (CMS). The Wisconsin Department of Health Services (DHS) received a first-year award from CMS for \$203,670,005.21 to invest in rural capacity, sustainability, and innovation. The program aims to improve access to care through three initiatives: strengthening the healthcare workforce, enhancing technology innovation, and cultivating coordinated care partnerships. Through collaboration among healthcare providers, public health agencies, and community-based organizations, the program seeks to improve health and well-being in rural communities.

Purpose

Through this funding opportunity, DHS aims to address these challenges by subsidizing the purchase of dental technologies to make care more available to people in rural Wisconsin. These technologies can reduce appointment times, increase patient service volumes, improve patient comfort, and maximize the existing dental workforce. Funding will support the provider's adoption of eligible dental technologies that would otherwise be cost prohibitive.

The goals of the Rural Dental Efficiency and Access Grant Program are to:

- Increase access to dental care, particularly for underserved populations in rural and semi-rural Wisconsin who are lower income, uninsured, have Medicaid dental coverage, and/or who otherwise have difficulty seeing a dental provider.
- Strengthen the sustainability of dental practices in rural and semi-rural areas.
- Improve oral health outcomes for rural residents.

Program requirements

Dental providers applying for this funding opportunity must meet all the following requirements:

- Provide services that benefit people living in rural and semi-rural areas of Wisconsin, outside of metropolitan hubs. See funding opportunity Addendum Exhibit 1 for a definition of rural counties.
- Use grant funds to purchase eligible dental technologies. All proposed technologies must be clearly linked to increased efficiency, expanded access, and improved service delivery.
- Describe clear strategies to provide care to patients with Medicaid coverage or others with limited resources to access dental care (e.g. low-income and uninsured).
- As described in the Application Questions section, applicants must clearly describe how grant funds will be used, what technologies will be purchased, and how the grant will meet community needs.

Eligible applicants

Applicants must provide services in Wisconsin outside of Milwaukee County and be one of the following serving a rural or semi-rural community (see funding opportunity Addendum Exhibit 1 for a definition of semi-rural and rural counties):

- A private, non-profit, or public dental clinic or dental practice
 - A federally-qualified health center that provides dental care
 - A nonprofit organization providing dental services
 - A public or Tribal dental clinic
-

Application submission

This application must be completed by 11:59 p.m. on July 31, 2026. Only applications submitted through this survey will be considered.

Applications must include:

- Responses to the statements in the Application Questions section. Any information beyond the page limit will not be read, reviewed, or scored.
- Proposed budget and justification
- Letters of support from each partner with an active role in the project

The budget, justification, and letters of support do not count toward the narrative response word limit.

Organizations may request technical assistance for preparing their applications from the University of Wisconsin-Population Health Institute, Wisconsin Office of Rural Health, and Wisconsin Collaborative for Healthcare Quality. Technical assistance can be requested for describing local health needs using community data, accessing information to quantify the local health context, project evaluation planning, and/or developing performance measures. These partners have no input on funding decisions. To learn more, send a request to RHTP-evaluation@wisc.edu.

Applicants should reach out directly to DHS at DHSRuralHealth@dhs.wisconsin.gov for questions regarding technical difficulties with the application submission process. Please note that questions about the funding opportunity, including eligibility requirements, budgets, allowable and unallowable expenses, must be submitted by June 26, 2026, and will be answered through published FAQs.

This program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$203,670,005.21 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

Applicant Information

1. Organization name *

2. Organization Address *

Street

City

State

ZIP code

Please provide the name and email of the primary contact person for this application.

3. First name *

4. Last name *

5. Email *

Confirm email *

6. Counties or Tribal nations where services will be provided *for this project*. Select all that apply. *

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Adams County | <input type="checkbox"/> Forest County | <input type="checkbox"/> Marquette County | <input type="checkbox"/> Shawano County |
| <input type="checkbox"/> Ashland County | <input type="checkbox"/> Forest County
Potawatomi Community | <input type="checkbox"/> Menominee County | <input type="checkbox"/> Sheboygan County |
| <input type="checkbox"/> Bad River Band of Lake
Superior Tribe of
Chippewa Indians | <input type="checkbox"/> Grant County | <input type="checkbox"/> Menominee Indian Tribe
of Wisconsin | <input type="checkbox"/> Sokaogon Chippewa
Community |
| <input type="checkbox"/> Barron County | <input type="checkbox"/> Green County | <input type="checkbox"/> Milwaukee County | <input type="checkbox"/> St. Croix Chippewa
Indians of Wisconsin |
| <input type="checkbox"/> Bayfield County | <input type="checkbox"/> Green Lake County | <input type="checkbox"/> Monroe County | <input type="checkbox"/> St. Croix County |
| <input type="checkbox"/> Brothertown Nation | <input type="checkbox"/> Ho-Chunk Nation | <input type="checkbox"/> Oconto County | <input type="checkbox"/> Stockbridge-Munsee
Community |
| <input type="checkbox"/> Brown County | <input type="checkbox"/> Iowa County | <input type="checkbox"/> Oneida County | <input type="checkbox"/> Taylor County |
| <input type="checkbox"/> Buffalo County | <input type="checkbox"/> Iron County | <input type="checkbox"/> Oneida Tribe of Indians
of Wisconsin | <input type="checkbox"/> Trempealeau County |
| <input type="checkbox"/> Burnett County | <input type="checkbox"/> Jackson County | <input type="checkbox"/> Outagamie County | <input type="checkbox"/> Vernon County |
| <input type="checkbox"/> Calumet County | <input type="checkbox"/> Jefferson County | <input type="checkbox"/> Ozaukee County | <input type="checkbox"/> Vilas County |
| <input type="checkbox"/> Chippewa County | <input type="checkbox"/> Juneau County | <input type="checkbox"/> Pepin County | <input type="checkbox"/> Walworth County |
| <input type="checkbox"/> Clark County | <input type="checkbox"/> Kenosha County | <input type="checkbox"/> Pierce County | <input type="checkbox"/> Washburn County |
| <input type="checkbox"/> Columbia County | <input type="checkbox"/> Kewaunee County | <input type="checkbox"/> Polk County | <input type="checkbox"/> Washington County |
| <input type="checkbox"/> Crawford County | <input type="checkbox"/> La Crosse County | <input type="checkbox"/> Portage County | <input type="checkbox"/> Waukesha County |
| <input type="checkbox"/> Dane County | <input type="checkbox"/> Lac Courte Oreilles
Band of Lake Superior
Chippewa Indians of
Wisconsin | <input type="checkbox"/> Price County | <input type="checkbox"/> Waupaca County |
| <input type="checkbox"/> Dodge County | <input type="checkbox"/> Lac du Flambeau Band
of Lake Superior
Chippewa Indians | <input type="checkbox"/> Racine County | <input type="checkbox"/> Waushara County |
| <input type="checkbox"/> Door County | <input type="checkbox"/> Lac du Flambeau Band
of Lake Superior
Chippewa Indians | <input type="checkbox"/> Red Cliff Band of Lake
Superior Chippewa | <input type="checkbox"/> Winnebago County |
| <input type="checkbox"/> Douglas County | <input type="checkbox"/> Lafayette County | <input type="checkbox"/> Richland County | <input type="checkbox"/> Wood County |
| <input type="checkbox"/> Dunn County | <input type="checkbox"/> Langlade County | <input type="checkbox"/> Rock County | <input type="checkbox"/> All of the above |
| <input type="checkbox"/> Eau Claire County | <input type="checkbox"/> Lincoln County | <input type="checkbox"/> Rusk County | |
| <input type="checkbox"/> Florence County | <input type="checkbox"/> Lincoln County | <input type="checkbox"/> Sauk County | |
| <input type="checkbox"/> Fond du Lac County | <input type="checkbox"/> Manitowoc County | <input type="checkbox"/> Sawyer County | |
| | <input type="checkbox"/> Marathon County | | |
| | <input type="checkbox"/> Marinette County | | |

7. Please describe any specific communities, groups, or populations you plan to serve for this project.

8. Does your organization provide services in a Wisconsin county (excluding Milwaukee) defined as semi-rural or rural by the 2020 U.S. Census? See funding opportunity Addendum Exhibit 1 for a definition of semi-rural and rural counties *

- Yes
- No

Eligible applicants must provide services in Wisconsin in semi-rural or rural counties.

9. Which of the following best describes your organization? Select all that apply. *

- A private, non-profit, or public dental clinic or dental practice
- A federally-qualified health center that provides dental care
- A nonprofit organization providing dental services
- A public or Tribal dental clinic

10. All applicants are required to have a valid Unique Entity Identifier (UEI) and maintain an active SAM.gov registration. A UEI is required at the time of award; however, if your organization does not currently have one or needs to renew, you must begin the registration process now. Failing to maintain an active registration may result in delayed funding or loss of eligibility. *

- By checking this box, I acknowledge that a valid UEI is required to receive this award.

Application Questions

VALIDATION Max character count = 100

11. Project name *

VALIDATION Max word count = 100

12. Provide a brief executive summary of your project (three to four sentences or less than 100 words). This section is not scored. *

Section 1: Program design (40 points)

VALIDATION Max word count = 1000

13. Describe how grant funds will be used to improve efficiency and expand access to dental services in rural and semi-rural communities. Responses must include:

- **A list of clinics, including addresses, where technologies will be implemented.**
 - Clinics located in rural counties will receive a higher score than clinics located in semi-rural counties that serve a portion of rural residents. See funding opportunity Addendum Exhibit 1.
- **An implementation plan that details:**
 - A list of the technology (or technologies) to be purchased.
 - A timeline and strategy for purchasing the technology, training staff on use, and integrating into routine clinic operations.
 - How your organization will maintain and sustain the technology (such as through staffing, budgeting, and long-term integration into routine clinic operations).
 - How your organization will measure and report on outcomes. Potential outcomes include staff confidence and satisfaction with technology integration, reductions in wait times for appointments, appointment length, or number of rural and total patients served.
- **A description of how this technology will further the program's goals to:**
 - Increase access to dental services, particularly for Medicaid members other low-income or underserved rural residents (including the uninsured) in more rural areas.
 - Strengthen the sustainability of dental practices in more rural areas.
 - Improve oral health outcomes for rural residents. *

14. Identify a minimum of 3 planned deliverables and estimated completion dates for your project.

Deliverable 1 *

Estimated completion date (enter a date between 11/01/2026-9/30/2028) *

Deliverable 2 *

Estimated completion date (enter a date between 11/01/2026-9/30/2028) *

Deliverable 3 *

Estimated completion date (enter a date between 11/01/2026-9/30/2028) *

Deliverable 4

Estimated completion date (enter a date between 11/01/2026-9/30/2028)

Deliverable 5

Estimated completion date (enter a date between 11/01/2026-9/30/2028)

Deliverable 6

Estimated completion date (enter a date between 11/01/2026-9/30/2028)

Section 2: Capacity and experience (20 points)

VALIDATION Max word count = 500

15. Applicants must demonstrate organizational capacity to implement and sustain the proposed technology. Responses must include:

- Description of staff structure and clinic operations, specifically related to program goals
- Prior experience with purchasing and managing clinical technologies
- Description of communities served and unmet dental needs in those communities *
- Prior experience with serving rural residents

VALIDATION Max word count = 100

16. List key personnel positions or titles who will have a primary role in the project. *

Section 3: Commitment to expand access to dental services (20 points)

VALIDATION Max word count = 500

17. Applicants must describe services provided to Medicaid beneficiaries and other low-income or underserved (including the uninsured) rural residents. We are looking for evidence of current systems or plans to ensure access to affordable dental care for rural populations who have limited resources to access dental care. Applicants are encouraged, but not required, to enroll as Medicaid providers and to provide sustained services for Medicaid members. Responses must include:

- **Current number of:**
 - **Medicaid members, and**
 - **Other low-income or underserved rural residents served per month**
- **Current total number of patients served per month**
- **Current monthly percentage of patients that are:**
 - **Medicaid members, and**
 - **Other low-income or underserved rural residents**
- **Current and/or proposed sliding scale fee structure or other strategies to serve patients without dental insurance and with limited resources**
- **Current or proposed plans to prioritize access for:**
 - **Medicaid members, and/or**
 - **Other low-income or underserved rural residents**
- **Proposed Medicaid service commitment following grant implementation, including any projected increases in Medicaid members served per month and any plans to enroll as a Medicaid provider, if not already enrolled. ***

Section 4: Budget (15 points)

VALIDATION Accepts 1 file. **Allowed types:** xls, xlsx. Max file size: 50 MB

18. Please fill out the Investing in Dental Care Technology Grant Budget Template (Excel) with proposed expenditures for the project. For each item, include a brief justification for the amount. This should include how you arrived at the amount requested.

- **Supplies:** Describe your supply costs for this project. This should include most technological purchases and systems upgrades.
- **Travel:** Describe travel expenses (transportation, lodging, per diem, etc.) for this project. If none, mark N/A.
- **Equipment:** Describe planned equipment purchases, if any. Equipment is defined as having a per-unit cost of over \$10,000 and requires approval from CMS.
- **Contractual services:** Describe contractors you will fund for this project, if any.
- **Other:** Describe other costs associated with this project, if any.
- **Indirect:** Describe costs incurred for a common or joint purpose benefiting more than one cost objective and readily assignable to the cost objectives specifically benefitted. Limited to 8% of the total award amount. If none, mark N/A.

The budget template, and Exhibits 2 and 3 in the funding opportunity Addendum (Federal Compliance Requirements and Budget Instructions) can be used as a guide when developing your budget and justification. *

Accepted file types: xls, xlsx

Upload File

Use of Funds

CMS requires that RHTP funds are assigned toward at least three of the specified statutory use categories described in the [Notice of Funding Opportunity \(NOFO\)](#) program requirements and expectations. Note that selected applicants will be required to track and report on these use of funds throughout the program. Hover over each category to read the definition or see Exhibit 3: Budget Instructions within the funding opportunity.

VALIDATION Must be percentage Whole numbers only Positive numbers only

19. Please estimate how much of your budget category totals will be allocated to the use of funds categories below. If a cost category applies to more than one use of funds, please estimate the category it primarily falls into. *

Prevention and chronic disease	<input type="text"/>
Provider payments	<input type="text"/>
Consumer tech solutions	<input type="text"/>
Training and technical assistance	<input type="text"/>
Workforce	<input type="text"/>
IT advances	<input type="text"/>
Appropriate care availability	<input type="text"/>
Behavioral health	<input type="text"/>
Innovative care	<input type="text"/>
Capital expenditures and infrastructure	<input type="text"/>
Fostering collaboration	<input type="text"/>

0 out of 100% Total

Letter(s) of Support

VALIDATION Accepts up to 10 files. **Allowed types:** doc, docx, pdf. Max file size: 50 MB

20. Please upload letter(s) of support from each partner with an active role in the project. Accepted file types: doc, docx, pdf

Confirm and Submit

21. I confirm that the information provided in this application is accurate to the best of my knowledge. *

Sign name using mouse or touch pad

Signature of

Thank You!

Thank you for completing the Investing in Dental Care Technology: Grants to improve rural dental efficiency and access application. We appreciate the time you've taken to tell us about your organization. A completed copy of the application will be sent to [email provided in question 5]. You can direct any questions about this application to DHSRuralHealth@dhs.wisconsin.gov.
